 Complete items 1, 2, and 3. Also complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits. 	A. Signature A. Agent A. Agent A. Agent A. Agent A. Agent A. Signature A. Agent A. Agent
Warden Arnold Holt Bullock County Correctional Facility P. O. Box 5107 Union Springs, AL 36089-5107	If YES, enter delivery address below: No 2.046V 54 C.L.D.
	3. Service Type ☐ Certified Mail ☐ Registered ☐ Insured Mail ☐ C.O.D.
2. Article Number 2005 1.820	4. Restricted Delivery? (Extra Fee)
2. Article Number 7005 1820 (Transfer from service lab.	0002 3461 4612

PS Form 3811, February 2004

Domestic Return Receipt

102595-02-M-1540